

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2264 / 3139  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Dr. Torri Fair<br>Mailing Address 505 N Spence Ave Ste A<br>City State Zip Code<br>Goldsboro NC 27534-4292<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Goldsboro Spine Ctr<br>Occupation<br>Doctor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br><div>300.00</div> |  | Date of Receipt<br><div>06 / 15 / 2006</div><br><b>Transaction ID:</b> IE060615.0010017<br>Amount of Each Receipt this Period<br><div>300.00</div> |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dr. M. Khoury<br>Mailing Address 150 Millwood St<br>City State Zip Code<br>Caro MI 48723-1656<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Tuscola Medical Center<br>Occupation<br>Doctor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br><div>300.00</div>           |  | Date of Receipt<br><div>06 / 15 / 2006</div><br><b>Transaction ID:</b> IE060615.0010018<br>Amount of Each Receipt this Period<br><div>300.00</div> |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mrs. Sally B. Peeler<br>Mailing Address 539 Leadmine Rd<br>City State Zip Code<br>Gaffney SC 29340-4038<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Retired<br>Occupation<br>Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br><div>250.00</div>               |  | Date of Receipt<br><div>06 / 15 / 2006</div><br><b>Transaction ID:</b> IE060615.0010020<br>Amount of Each Receipt this Period<br><div>150.00</div> |
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div>750.00</div>                                                                                                                                  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <div></div>                                                                                                                                        |